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Where is Cerebral Visual Impairment?

Happy New Year and welcome to the January 2016 issue of the British Journal of Visual Impairment. First of all may I thank you all for the response I have had from the last editorial regarding the discussion on what it means to be a teacher of pupils with visual impairment. I received a few emails discussing the modern day competences of a teacher of children with VI, so it was very rewarding to see that a) the editorial was read and b) that many of us are thinking about such issues. I feel there is more to come on this topic.

This semester whilst teaching a Master's session on Cerebral Visual Impairment (CVI) for Post Graduate students here at the University of Edinburgh, a student asked me how I would code for CVI on the International Classification of Disease 10 (ICD-10). Great question I thought, so I stopped the class and called up the ICD-10 web page <http://apps.who.int/classifications/icd10/browse/2016/en>¹ and started looking for CVI. In the search box I started to type 'Cerebral' – and although a wide range of classifications came up, nothing appeared for CVI. Then I had a revelation what if I use the word Cortical instead of Cerebral – this would surely give a coding and that I could respond to the student with the appropriate code. Interestingly even fewer classifications appeared in the search answer box. So I started looking under section 'VII' the section that relates to Visual Impairment. I thought I was getting closer when I found H46-H48 optic nerve and visual pathways and if we keep going perhaps it will lead onto something akin to CVI. However on closer examination within this coding I found nothing that could be construed as CVI.

It was certainly a very interesting exercise to set Masters Level students a task that basically amounted to being the first to find a coding for CVI on ICD-10. When after we had gone through all categories on ICD-10 we gave up. Where is CVI on ICD-10? I decided to look elsewhere. I did find this in the United States version of ICD-10

<http://www.icd10data.com/ICD10CM/Codes/H00-H59/H53-H54/H54-/H54.7>²

What we found in this section tagged as unspecified visual loss 'Cortical Visual Impairment' where H54.7 is a billable ICD-10-CM code that can be used to indicate a diagnosis for

¹ Accessed 20th November 2015.

² Accessed 20th November 2015.

reimbursement purposes.” Another possible code could be H 47.9³ where again this is classed as unspecified but this time as an unspecified disorder of visual pathways.

But should we classify CVI as an unspecified visual impairment or loss or even pathway. Clearly CVI is something that is not unspecified, and I accept that CVI does currently mean different things to different people, and so we need to define our terms and our understanding of CVI, but if we use ICD-10 as a marker, or for prevalence studies of the number of people with ‘that disease’ per se then clearly no one has CVI.

So my recommendation in this editorial is for those World Health Organisation work groups that are looking at and developing ICD-11 is to take seriously Cerebral Visual Impairment and to develop a classification index within ICD-11.

However, as I have been discussing this with a variety of colleagues I do wonder if I have been looking for a classification for children with CVI in the right place. Clearly the argument above suggests that ICD-10 is not the right coding system especially for those practitioners who are working in habilitation, rehabilitation and education of affected children, to use a framework to describe a child’s level of function rather than a standardised classification of disease. Clearly the International Classification of Functioning Disability and Health (ICF) serves this purpose for above all, it provides a common language for the coordination of has been covered in previous editorials. If we can ensure that ICF can be appropriately described, to match the level of functioning for children with a wide range of forms of CVI then this is what we should aim for rather than trying to classify the condition with a simple code that is not fit for purpose.

To conclude, children with CVI have different behaviours depending on the type and severity of damage, and these children often need sophisticated and expert support. As such I believe it is very important that we understand and know exactly how many children with CVI there are within our service, and that we all have a shared understanding of what CVI means across international borders. IDC-11 may well help do this for us, but until it may or may not happen, perhaps using ICF is a more apposite way forward.

³ Accessed 20th November 2015

Enjoy this issue.

John Ravenscroft

Editor in Chief